Vaccine Administration Record

Mississippi State Department Of Health

Information About Person to Receive Vaccine *(please print)*

Patient Medicaid Number:	Patient Social Security Number:

Name: *Last*	*First*	*Middle Initial*	*Birthdate*	*Sex*	*Race*

Address: *Street*	*City*	*County*	*State*	*Zip*

For Clinic/Office Use Only

Eligibility Status — VFC: ☐ Uninsured ☐ Medicaid ☐ American Indian ☐ Insured *(Insurance does not cover Immunizations)*
Insured: ☐ CHIP ☐ Other *(Insurance covers Immunizations)*
☐ None of the above

Clinic Code: _____ Date Vaccinated & VIS issued: _____/_____/_____

☐ DTaP/Hib ☐ DTaP
☐ Td ☐ Ped-DT
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

IPV
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

MMR
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

☐ Hib (Hboc) ☐ Hib (PRP-OMP)
☐ Hib (PRP-T)
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

☐ Hep B ☐ Hep B/Hib
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

Varicella
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

Prevnar
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

Influenza
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

Other _____
Manufacturer and Lot Number
Injection Site ☐ *Right* ☐ *Arm* ☐ *Left* ☐ *Thigh*
VIS Revision Date _____/_____/_____

Prior to administration of the vaccine(s) checked above, a copy of the Vaccine Information Statement for each vaccine was provided to the client or representative of the child to whom the vaccine was administered. The client or his/her representative was given the opportunity to ask questions regarding the vaccine.

Prior to administration of the vaccine(s) checked above, a copy of the Vaccine Information Statement for each vaccine was provided to me. I was given the opportunity to ask questions regarding the vaccine(s) and agree to its administration.

_____ *Signature of Vaccine Administrator/Title*

_____ *Signature of Vaccine Recipient or his/her Parent or Representative*

VACCINE ADMINISTRATION RECORD
FORM NO. 912

PURPOSE

To document personal information of clients receiving vaccines and the immunizations administered to clients. To ensure appropriate Vaccine Information Statements are issued to clients or legal representatives.

INSTRUCTIONS

A vaccine administrator must complete Vaccine Administration Record (Form No. 912) after the client or legal representative agrees to the contents of the Vaccine Information Statements (VIS). On each visit, all immunizations administered are recorded on one Form # 912.

The section of the form requiring information about the person to receive vaccine is completed by utilizing a computer-generated label or handwritten. For clients 18 years or younger, a check mark is placed in the corresponding box to indicate the Vaccine for Children (VFC) or CHIP status. The clinic code should be entered in the space provided. The date vaccinated and Vaccine Information Statements (VIS) issued is to be entered in the space indicated.

The vaccine administrator should check the appropriate boxes to indicate the vaccines administered on each visit. The manufacturer's name, the vaccine lot number, the site of injection and the revision date of each vaccine information statement must be recorded in the spaces indicated.

To ensure Vaccine Information Statement for each vaccine administered was issued to the client or legal representative; the signature and title of a vaccine administrator must be entered as indicated on the form. The vaccine recipient, parent, or the representative must sign to confirm Vaccine Information Statement(s) was issued; questions regarding vaccines were answered and there was an agreement prior to the administration of vaccines.

OFFICE MECHANICS AND FILING

The Vaccine Administration Record must be filed in an accessible location in the clinic where the vaccine is administered. If the vaccine(s) is administered in a non-traditional clinic setting, the Form # 912 must be filed in the clinic where the permanent record will reside.

RETENTION PERIOD

The Vaccine Administration Record (Form # 912) must be retained for minors less than 21 years of age until their 28th birthday. For adults, 21 years of age and older, the form must be retained for 10 years after the last service.

Revised 01/18/02